

UNITED STATES DISTRICT COURT

for the
District of
Division



Case No. **3:17CV909 HSD-LRA**
(to be filled in by the Clerk's Office)

Kimberly Edwards

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Minact Logistical Services

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR VIOLATION OF FAIR LABOR STANDARDS

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Kimberly Edwards
Street Address	184 Martin Luther Kings Drive
City and County	Pickens, Holmes
State and Zip Code	Ms 39146
Telephone Number	662-468-0937
E-mail Address	rebelkimber@gmail.com

*P.O. Box 312
Pickens, Ms 39146*

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Minact Logistical Services
Job or Title <i>(if known)</i>	Material Handler
Street Address	300 Nissan Drive
City and County	Canton , Madison
State and Zip Code	Ms 39046
Telephone Number	601-855-6541
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I am employed or was employed by the defendant(s) is

Name

Street Address

City and County

State and Zip Code

Telephone Number

II. Basis for Jurisdiction

This action is brought pursuant to *(check all that apply)*:

- ☐ Fair Labor Standards Act, as codified, 29 U.S.C. §§ 201 to 209.
☐ Relevant state law
☐ Relevant city or county law

III. Statement of Claim

State as briefly as possible the facts of your case. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Nature of employer's business:

Manufacturing

B. Dates of employment:

04/14/20014

C. Employee's job title and a description of the kind of work done:

Material Handler/ Fork Lift

D. Rate, method, and frequency of wage payment:

15.00

E. Number of hours actually worked each week in which a violation is claimed:
60 to 40

F. Description of the alleged violation(s) *(check all that apply)*:

☐ Failure to pay the minimum wage *(explain)*

☒ Failure to pay required overtime *(explain)*

I was not getting my raises on time , there were times when my overtime was not put on my check.

☐ Other violation(s) *(explain)*

My check was being shorted, raises were not added on time, sometimes the over time were not added at all.

G. Date(s) of the alleged violation(s):

04/14/2014- 08/18/2016

H. Additional facts:

I have check stubs to prove it.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/4/2017

Signature of Plaintiff

Printed Name of Plaintiff

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Pro Se 8 (Rev. 12/16) Complaint for Violation of Fair Labor Standards

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Kimberly Edwards
11/15/2017